

B. Priority Two: Built Environment – Focus on Access to Healthy Foods

The built environment is broadly defined as manmade surroundings that include buildings, public resources, land use patterns, the transportation system, and design features.¹²

Research continues to show that there is a link between the built environment, specific to this priority area, and access to affordable high-quality produce and other healthy foods, which in turn influences the choices people make in their daily lives. Improving the built environment is an important part of a strategic approach to reducing health disparities. Healthy foods are not equally available across all communities. Low income individuals and people of color are more likely to live in communities where residents have limited access to fresh fruits and vegetables and have a higher concentration of fast food outlets.

In 2006, 8.7% of Travis County's low-income population did not live close to a grocery store (i.e., less than 1 mile).¹³ Less than 30% of Travis County and Texas adult residents reported eating five or more fruit and vegetable servings per day (the recommended guideline)¹⁴. Consumption was even lower for Black/African American and Latino/Hispanic adults in Travis County (both at 24.1%). When this data was stratified by income in Travis County, it was noted that the percentage of adults who consume the recommended amount of fruits and vegetables increased with income.¹⁵

The following action plan to promote access to affordable, healthy food is focused on three areas:

1. There are a number of programs that provide or subsidize nutritious food for residents with low-incomes or other disadvantages. Ensuring that more eligible residents benefit from such programs can improve their ability to secure healthy food.
2. Geography can frequently be a barrier to access to healthy food in low-income neighborhoods. Steps can be taken to make healthy food more accessible physically by promoting production and distribution of healthy food within these neighborhoods.
3. Frequently, easy access to unhealthy food keeps people from accessing healthy food. Policy changes can make it harder to locate sources of unhealthy food in and around targeted areas.

¹² Transportation Research Board of the National Academies, "Special Report 282: Does the Built Environment Influence Physical Activity? Examining the Evidence," retrieved from http://www.trb.org/news/blurb_detail.asp?id=4536.

¹³ United States Department of Agriculture, Food Environment Atlas (2006) as cited in County Health Rankings, 2012

¹⁴ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2007 and 2009

¹⁵ Centers for Disease Control and Prevention (CDC). Texas Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2007 and 2009

PRIORITY AREA 2: BUILT ENVIRONMENT – FOCUS ON ACCESS TO HEALTHY FOODS

Goal 2: All in our community have reasonable access to affordable quality nutritious food.

Performance Measures - How We Will Know We are Making a Difference		
Short Term Indicators (by objective)	Source	Frequency
Increase % of farms, community gardens, private gardens (count of farms and community gardens regulated by City of Austin)	Austin/Travis County Health and Human Services Department (A/TCHHSD)	Annual
Increase % of Travis County low-income residents who are not living within 1 mile of grocery store (non-traditional distribution sites)	County Health Rankings (CHR)	Annual
Increase in the number of non-traditional distribution sites (i.e. farm-to-site programs, farmers markets)	A/TCHHSD	Annual
Increase in the # of traditional distribution sites	A/TCHHSD	Annual
Increase % of the municipalities that adopt healthy food zone policy	A/TCHHSD	Annual
Increase % of land area covered by healthy food zone policy (calculated and mapped, ATC HHSD)	A/TCHHSD	TBD
Long Term Indicators (for Goal)	Source	Frequency
% of adults reporting eating 5+ servings of fruits and vegetables/day	BRFSS	Annual
% of youth reporting eating 4+ servings of fruits and vegetables/day	YRBS	Varies (contingent on resources)
% of (individuals or families, depending on what unit Feeding America reports) that are food insecure	Feeding America	Annual

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Goal 2: All in our community have reasonable access to affordable quality nutritious food.

Objective 2.1: By April 2016, increase by 50% access to and participation of eligible people in food assistance programs (ex. SNAP, WIC, school breakfast and lunch program, summer food service, Elderly Nutrition Program) that increase access to healthy food.¹⁶

BACKGROUND ON STRATEGY/OBJECTIVE:

Source: From Food Research and Action Center Issue Briefs for Child Nutrition Reauthorization | Number 1, February 2010; http://www.frac.org/pdf/CNR01_qualityandaccess.pdf

Evidence Base: “There is considerable evidence about the effective role that participation in the federal nutrition programs plays in providing the nutrients children need for growth, development, and overall health. There also is a growing body of research on how the programs impact obesity. For these reasons, increasing participation in the federal nutrition programs is one of the healthy eating and physical activity strategies recommended in the Institute of Medicine’s report Local Government Actions to Prevent Childhood Obesity.

Policy Change (Y/N): No

¹⁶ Objective 2.1 focuses on increasing participation and access to food assistance programs but does not impact eligibility.

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Strategies:

Strategy 2.1.1: Conduct assessment to establish baseline of the following:

- a) current programs and services to determine which do support access to healthy foods
- b) current capacity of relevant programs
- c) participation (#/%) in relevant programs to determine which could absorb additional participants versus those that would require additional capacity before further enrollment could take place
- d) gap analysis – population, geographic areas that are underserved –to understand what barriers seem to prevent participation and what means exist to overcome these barriers.

Strategy 2.1.2: Work with government and local community organizations to increase ease of access to food assistance program applications, local offices, and eligibility requirements so as to connect as many eligible people to benefits as possible (application assistance, use electronic applications or call centers, roving case workers, Benefits Bank, extending office hours, additional accommodations to applicants with language barriers or disabilities). Programs to be targeted will be identified through the assessment process described in strategy 2.1.1.

Strategy 2.1.3: Develop and implement an education/outreach strategy to increase the reach of Food Assistance Programs (as identified in 2.1.1) by enhancing awareness of the program's existence, eligibility requirements, and benefits may include: radio ads, brochures, community education, cooking demonstrations, community partnerships and retailers.

- a) increase demand for nutritious food
- b) reduce stigma of participation

Strategy 2.1.4: By April 2016, increase capacity of quality programs (programs identified in Strategies 2.1.1a and 2.1.11d)

Potential Partners

- Grocery Chains, Capital Area Food Bank, Sustainable Food Policy Board, 2-1-1 (and any other orgs providing referral to food sources) , Any social service agency performing means testing

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Objective 2.2: By April 2016, ensure that two new distribution and production points for healthy food are available and accessible in each of the five high need areas (The 5 areas currently without a full service grocery store are: 78723,78724,78725,78744, and 78754]). “Distribution Point” in this context refers to a physical location where affordable quality nutritious food can be accessed, including, but not limited to, grocery stores, farmers markets, and farm-to-site programs. “Production points” include, but are not limited to, farms and community gardens.

BACKGROUND ON STRATEGY/OBJECTIVE

Source: CDC

Evidence Base: <http://www.policylink.org>

Policy Change (Y/N): No

Strategies:

Strategy 2.2.1: Implement assessment to inform strategies and targeting

- a) where people travel/gather
- b) where and what food is available

Strategy 2.2.2: Build partnership (with schools, parks, faith based community, businesses, community centers, etc.) to establish distribution and productions sites (i.e. community gardens, farmers markets, farm to site programs) in public or private spaces and organizations.

Strategy 2.2.3: Incentivize private enterprise to provide healthy, nutritious, and affordable food by establishing full service grocery stores in low-income communities

Strategy 2.2.4: Develop/implement education/messaging strategy to a) increase demand, b) ensure cultural relevance

Potential Partners

- Full Service Grocery Stores, Sustainable Food Center , Urban Roots, City of Austin Economic Growth and Redevelopment Services Office, Farmer’s Markets, Faith Based organizations, Austin Water Utility

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Objective 2.3: By April 2016, all local municipalities will establish a healthy food zone ordinance around schools, municipal parks, child care centers, libraries and recreation centers.

BACKGROUND ON STRATEGY/OBJECTIVE

Source: The National Policy & Legal Analysis Network to Prevent Childhood Obesity¹⁸

Evidence Base:

http://changelabsolutions.org/sites/phlpnet.org/files/nplan/HealthyFoodZone_Ordinance_FINAL_091008.pdf

Policy Change (Y/N): Yes

Strategies:

Strategy 2.3.1: Develop model policy(s) for city/county government promoting healthy food zones

Strategy 2.3.2: Engage the following to develop and support the health food zone ordinance

- advocacy groups
- grass roots/residents
- policy/thought leaders
- community residents

Potential Partners

- Travis County municipalities, Travis County, child care centers, independent school districts, colleges and universities

Model Healthy Food Zone Ordinance Developed by the National Policy & Legal Analysis Network to Prevent Childhood Obesity (NPLAN): The model Healthy Food Zone Ordinance prohibits the location of fast food restaurants within a certain distance (as determined by the community) of schools, and (again, as determined by the community) parks, child care centers, libraries, and other locations children frequent. Before enacting the ordinance, we recommend that the community conduct a mapping study or assessment to identify where fast food restaurants, mobile vendors, and neighborhood corner and convenience stores are located in proximity to schools. This study would help to identify (1) the current landscape of fast food; (2) whether a restrictive ordinance would be beneficial to the community; and (3) what buffer distance would be most appropriate for the community. If the community is contemplating a ban on mobile food vendors, a study would also help it determine an appropriate distance for that ban. Geographic information systems (GIS) mapping tools can be useful for completing these studies.

¹⁸ The ordinance could be modeled on the work of the National Policy and Legal Analysis Network to Prevent Childhood Obesity; their model restricts fast food restaurants near schools or other areas children are likely to frequent.